

Effective October 1, 2000

09/786105

## CLAIMS AS FILED - PART I

|                                                           | Column 1)       | (Column 2)   |
|-----------------------------------------------------------|-----------------|--------------|
| TOTAL CLAIMS                                              |                 |              |
| FOR                                                       | NUMBER FILED    | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 21 minus 20 = * | 1            |
| INDEPENDENT CLAIMS                                        | 2 minus 3 = *   |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                 |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|                                                                         | (Column 1)                       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| AMENDMENT A                                                             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | * Minus                          | **                                 | =             |
| Independent                                                             | * Minus                          | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|                                                                         | (Column 1)                       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| AMENDMENT B                                                             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | * Minus                          | **                                 | =             |
| Independent                                                             | * Minus                          | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|                                                                         | (Column 1)                       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| AMENDMENT C                                                             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | * Minus                          | **                                 | =             |
| Independent                                                             | * Minus                          | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 435.00 |
| X\$ 9=    | 9.00   |
| X40=      |        |
| +135=     |        |
| TOTAL     | 439.00 |

OR

| RATE      | FEE |
|-----------|-----|
| BASIC FEE |     |
| X\$18=    |     |
| X80=      |     |
| +270=     |     |
| TOTAL     |     |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

|                                  |              |              |
|----------------------------------|--------------|--------------|
| FOR                              | NUMBER FILED | NUMBER EXTRA |
| BASIC FEE                        |              |              |
| TOTAL CLAIMS                     | minus 20 =   | *            |
| INDEPENDENT CLAIMS               | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT |              |              |

|        |        |
|--------|--------|
| RATE   | FEE    |
|        | 395.00 |
| x\$11= |        |
| x41=   |        |
| +135=  |        |
| TOTAL  |        |

|        |        |
|--------|--------|
| RATE   | FEE    |
|        | 790.00 |
| x\$22= |        |
| x82=   |        |
| +270=  |        |
| TOTAL  |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

|             |                                                |                                    |               |
|-------------|------------------------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total                                          | *                                  | Minus **      |
|             | Independent                                    | *                                  | Minus ***     |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| x\$11=           |                |
| x41=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| x\$22=           |                |
| x82=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

|             |                                                |                                    |               |
|-------------|------------------------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total                                          | *                                  | Minus **      |
|             | Independent                                    | *                                  | Minus ***     |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| x\$11=           |                |
| x41=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| x\$22=           |                |
| x82=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

|             |                                                |                                    |               |
|-------------|------------------------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total                                          | *                                  | Minus **      |
|             | Independent                                    | *                                  | Minus ***     |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| x\$11=           |                |
| x41=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| x\$22=           |                |
| x82=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

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 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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